



Washington State
Department of Social
& Health Services

ໃບຢັ້ງຢືນການປອມແປງການສຳລັກຫຼັງ
AFFIDAVIT OF FORGED ENDORSEMENT

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
OFFICE OF ACCOUNTING SERVICES (OAS)
DISBURSEMENTS
PO BOX 45845
OLYMPIA WA 98504-5845

ຮັດວິຊາ _____ 001 ເງິນ
ຄາວຕີ _____ ໃບອະນຸມັດເລກທີ: _____
ສຳນວນເລກທີ: _____

ຂ້າພະເຈົ້າ, _____, ຜູ້ມີຊື່ເປັນຜູ້ເບີກໃບອະນຸມັດຂອງ ຮັດວິຊາ

ໃບອະນຸມັດເລກທີ _____, ລົງວັນທີ _____, 20 _____

ໃນຈຳນວນ \$ _____, ຂໍຢັ້ງຢືນໃນທີ່ນີ້ວ່າຂໍຂອງຂ້າພະເຈົ້າຕາມທີ່ໄດ້ເຊັນຢູ່ດ້ານຫຼັງຂອງໃບອະນຸມັດທີ່ກ່າວເປັນການ
ປອມແປງ, ແລະ ວ່າຂ້າພະເຈົ້າບໍ່ໄດ້ສຳລັກຫຼັງໃບອະນຸມັດທີ່ກ່າວມານີ້, ທັງບໍ່ໄດ້ຮັບຜົນປະໂຫຍດໃນທາງໃດທາງນຶ່ງຈາກຂະບວນການນັ້ນເລີຍ.

ຂ້າພະເຈົ້າຂໍສາບານໃນທີ່ນີ້ຢ່າງຈິງຈັງ ແລະ ຢັ້ງຢືນພາຍໃຕ້ການລົງໂທດ ຖານເວົ້າຄວາມເທັດວ່ານີ້ແມ່ນຄຳຖະແຫຼງທີ່ເປັນຈິງ ແລະ ຖືກຕ້ອງ.

NOTARY SEAL

ຜູ້ຖືກຈ່າຍເງິນໃຫ້

ບ່ອນຢູ່ ຖານ

ເມືອງ

ຮັດ

ຊື່ບໍລິເວນ

Subscribed to and sworn before me this _____ day of _____, 20 _____.

NOTARY PUBLIC

in and for the State of Washington, residing at: _____ CITY

My appointment expires: _____.

ພະຍານຕ້ອງມີ ຖ້າເຊັນໂດຍຜູ້ຖືກຈ່າຍເງິນໃຫ້ເທິງນີ້ໂດຍການໝາຍ (X)

1	ລາຍເຊັນຂອງພະຍານ	ວັນທີ	ຟີມຊື່ (ຊື່ຂອງພະຍານ)ໃສ່ນີ້	
	ບ່ອນຢູ່ ຖານ	ເມືອງ	ຮັດ	ຊື່ບໍລິເວນ
2	ລາຍເຊັນຂອງພະຍານ	ວັນທີ	ຟີມຊື່ (ຊື່ຂອງພະຍານ)ໃສ່ນີ້	
	ບ່ອນຢູ່ ຖານ	ເມືອງ	ຮັດ	ຊື່ບໍລິເວນ

9472.030 ການແຈ້ງຄວາມເທັດໃນລະດັບທີ່ສອງ. (1) ບຸກຄົນຜູ້ນຶ່ງຈະມີຄວາມພິດຖານແຈ້ງຄວາມເທັດລະດັບສອງຖ້າ, ດ້ວຍຄວາມຕັ້ງໃຈຫລອກລວງເຈົ້າໜ້າທີ່
ຮັດໃນການປະຕິບັດໜ້າທີ່ຂອງລາວ, ລາວໄດ້ກ່າວຄວາມບໍ່ຈິງຢ່າງຈະແຈ້ງ, ຊຶ່ງລາວຮູ້ຢູ່ແລ້ວວ່າເປັນການພິດຕໍ່ຄຳສາບານ ຊຶ່ງກົດໝາຍບັງຄັບ ຫລື ອະນຸຍາດໄວ້.
(2) ການແຈ້ງຄວາມເທັດລະດັບສອງເປັນຄວາມພິດຖານຄະນຸໂທດປະເພດ C.

ສຳລັບຫ້ອງການໃຊ້ເທົ່ານັ້ນ
FOR OFFICE USE ONLY

INSTRUCTIONS
AFFIDAVIT OF FORGED ENDORSEMENT, DSHS 09-052(X)

A. USE

Use this form when notified by Disbursements that a previously declared lost, stolen, or destroyed warrant has been cashed and the client claims the signature is a forgery. See Affidavit Lost, Stolen or Destroyed Assistance Warrant, DSHS 07-008(X).

Disbursements sends a copy of the cashed warrant to the Community Services Office so the client can verify if the signature on the warrant is their own. If the client states the signature on the warrant is not theirs, initiate the DSHS 09-052(X) and send it to Disbursements.

Disbursements screens the DSHS 09-052(X) before sending it to the State Treasurer. When the State Treasurer receives a DSHS 09-052(X) from Disbursements, they use the form to reclaim funds paid in error to a cashing institution because of a warrant forgery. Return the completed form immediately so that collection can be pursued by the Treasurer's Office.

B. COMPLETION

1. Print or have typed:
 - a. The county in which the forged endorsement is notarized.
 - b. The complete warrant number. Use a separate affidavit for each warrant.
 - c. The complete case number.
 - d. The payee's name.
 - e. The complete warrant number.
 - f. Date and year of issued warrant.
 - g. Amount of warrant.
 - h. Signature of payee (person who signed warrant). If there is a Protective Payee (PP), the PP must sign the form not the client.
 - i. Address of payee.
2. The payee must sign the form in the presence of a Notary Public.
3. The Notary Public will complete the remainder of the form.

C. DISTRIBUTION

1. Send notarized original and one copy to: OAS/Disbursements, Mail Stop: 45845.
2. File one copy in the Financial Case Record.

Send an English version of the form when sending a notarized original and one copy of a non-English version of the DSHS 09-052(X). The English version of the form does not require the client's signature.